RECEIVED
CENTRAL FAX CENTER
NOV 0 2 2004

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) 740270-2918

In re Application of	Axel O. ZUR LOYE et al.
Application Number	10/684,560
Filed	October 15, 2003
For	PREMIXED CHARGE COMPRESSION IGNITION ENGINE WITH OPTIMAL COMBUSTION CONTROL
Art Unit	3747
Examiner	John T. Kwon

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) $ 110.00
- ☐ Two month (37 CFR 1.17(a)(2)) $_____
- ☐ Three month (37 CFR 1.17(a)(3)) $_____
- ☐ Four month (37 CFR 1.17(a)(4)) $_____
- ☐ Five month (37 CFR 1.17(a)(5)) $_____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is $_____.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (740270-2918). I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration No. 36,092

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 2, 2004
Date

Signature

(202) 585-8000
Telephone Number

Tim L. Brackett, Jr.
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (703) 872-9306) on the date shown below.

Typed or printed name	Sharon L. Tabor		
Signature	Sharon L. Tabor	Date	Nov. 2, 2004

10684560

11/10/2004 RKENT1 00000002 192380 10684560
PAGE 4/5 * RCVD AT 11/2/2004 6:20:18 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/3 * DNIS:8729306 * CSID:202+585+8080 * DURATION (mm-ss):01-28
01 FC:1251 110.00 DA